

<b>Division of Medicaid</b> <b>State of Mississippi</b> <b>Provider Policy Manual</b>	<b>New: X</b> <b>Revised:</b> <b>Current:</b> <b>Date: 01/01/10</b> <b>Date:</b>
<b>Section: General Medical Policy</b>  <b>Subject: <u>Implantable Testosterone Pellets (Testopel)</u></b>	<b>Section: 53.40</b> <b>Pages: 1</b> <b>Cross Reference:</b> <b>Physician 55.18</b>

Refer to Provider Policy Manual Section 55.18 for Implantable Testosterone Pellets (Testopel) policy.

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<b>Section: Physician</b>	<b>Section: 55.18</b>	
	<b>Pages: 1</b>	
<b>Subject: Implantable Testosterone Pellets (Testopel)</b>	<b>Cross Reference:</b>	

Mississippi Medicaid covers Implantable Testosterone Pellets (Testopel) for the following indications only:

- Treatment of delayed male puberty
- Treatment of male hypogonadism (primary or hypongonadotropic)

Related ICD-9 diagnosis codes required for administration and billing of Implantable Testosterone Pellets (Testopel) are:

- 253.4 (Pituitary hypogonadism)
- OR
- 257.2 (Testicular hypogonadism)

Implantable Testosterone Pellets (Testopel) are considered experimental and investigational for all other indications and will not be covered.

Implantable Testosterone Pellets (Testopel) are covered as a subcutaneous implantation and will be covered for administration no more than every three (3) months.